

REQUEST FOR COMMERCIAL PESTICIDE APPLICATOR LISTING

In response to your request for a list of **Commercial Pesticide Applicators** licensed by the Iowa Department of Agriculture and Land Stewardship, please indicate the following:

1. Print List On:

Printouts -- \$1 per page

- ☐ Company Address Printout
(Companies Only)
- ☐ Company Address with Applicators
Printout (Companies & Applicators)
- ☐ Applicators Only (No company data)

Labels

- ☐ Self-Adhesive Labels (9¢ per label)
- ☐ Cheshire Labels (Paper without adhesive)
(\$1 per page)

3 1/2" DS/HD Disks - \$50 per database

- ☐ Company Database Only (\$50)
 - ☐ Applicator Database Only (\$50)
 - ☐ Company & Applicator (\$100)
- (Indicate format:)
- ☐ DBF Format
 - ☐ Fixed-Length Fields
 - ☐ Comma-Separated Fields

2. Counties desired: (✓ one)

- ☐ All records
- ☐ Iowa Records Only
- ☐ Specific Counties listed as follows
(limit ten individual counties)

3. Sort Sequence: (✓ one)

- ☐ Company Name/City
- ☐ County/Company Name/City
- ☐ City/Company
- ☐ Zip Code

4. Status: (✓ one)

- ☐ All Records (including inactive)
- ☐ Current Records Only
(OoB=N)

5. Indicate Records Requested:

- Licensed Companies
(LICENSE TYPE=)
- ☐ All Companies
 - ☐ Commercial Companies (00)
 - ☐ Aerial Applicators (AA)
 - ☐ Public Official Licenses (PO)
 - ☐ State Agency Licenses
(SA) ☐ Noncommercial Companies
(NC)
 - ☐ Golf Courses (GC)

6. Indicate Certification Codes

- ☐ All Records
- ☐ 1A - Ag Weed
- ☐ 1B - Ag Insect
- ☐ 1C - Ag Plant Disease
- ☐ 1D - Fruit & Vegetable
- ☐ 1E - Animal Pest
- ☐ 02 - Forest
- ☐ 30T - Ornamental & Turf
- ☐ 3T - Turf only
- ☐ 3O - Ornamental only
- ☐ 3G - Greenhouse
- ☐ 04 - Seed Treatment
- ☐ 05 - Aquatic
- ☐ 06 - Right-of-Way
- ☐ 7A - General Household
- ☐ 7B - Termite/Structural Pest
- ☐ 7C - Fumigation
- ☐ 7D - Community Insect
- ☐ 7E - Wood Preservatives
- ☐ 7F - Anti-Fouling Paints
- ☐ 08 - Public Health
- ☐ 09 - Regulatory
- ☐ 10 - Demonstration/Research

RETURN THIS FORM TO the Iowa Department of Agriculture & Land
Stewardship, Pesticide Bureau, Wallace Building, Des Moines, IA 50319.

FAX 515-242-6497 Questions? Contact Beth S. at 515-281-6597 or
beth.sandburg@idals.state.ia.us

- ☐ 11 - Aerial Application
- ☐ H - Handlers

7. Intended Purpose: Please explain in detail exactly how this data is going to be used. If faxing, use a second page. This section must be signed and dated.

Mailing address of the person/company requesting records:

Company Name

Attention

Email Address

Address

City, State, Zip + 4

Telephone Number Including (Area Code)

I understand that I will be billed, and agree to pay promptly on receipt of the listing, \$1.00 per page for data services necessary to generate said listing. (Fees subject to change. Number of records per page dependent upon data requested.)

By signing this form, I am acknowledging the request for data being made.

Signature/Date

PLEASE DO NOT WRITE IN SHADED AREAS .

The listing requested above is authorized for release, **excluding sales figures and fees paid**, to the individual and company listed above.

Authorizing Signature/Pesticide Bureau/IDALS --- Date